PAGE 1 / 39

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Au	tnonzea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
WOMEN SPEAK OUT	PAC		
ADDRESS (number and street)	1200 NEW HAMPSHIRE A	VE NW	
▼ Check if different	SUITE 750		
than previously reported. (ACC)	WASHINGTON		DC 20036 -   -
2. FEC IDENTIFICATION N	JMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00530766		IS THIS REPORT NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	o 20 (M2) May 20 (May 20 (M3) Jun 20 (M3)	(Non-Election Year Only)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report (0	01)	r 20 (M4) Jul 20 (M	
July 15 Quarterly Report (C	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	/E)Electi	on on	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on	in the State of
5. Covering Period 09		through 09	
I certify that I have examined the Type or Print Name of Treasure	Buchanan, Emily, , ,	f my knowledge and belief it is	s true, correct and complete.
Type of Fillit Name of Heasure			
Signature of Treasurer	anan, Emily, , ,	[Electronically Filed]	Date 10 / 20 / 2016
NOTE: Submission of false, erron	eous, or incomplete information	on may subject the person signir	g this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Wri	te or Type Committee Name		
W	OMEN SPEAK OUT PAC		
Rep	port Covering the Period: From:	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 09 30 / 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (	a) Cash on Hand January 1, 2016		496911.89
(	b) Cash on Hand at  Beginning of Reporting Period	783691.36	
(	c) Total Receipts (from Line 19)	277568.94	882781.58
(	d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1061260.30	1379693.47
7. 1	otal Disbursements (from Line 31)	523050.71	841483.88
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	538209.59	538209.59
t	Debts and Obligations Owed <b>TO</b> he Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
t	Debts and Obligations Owed <b>BY</b> he Committee (Itemize all on Schedule C and/or Schedule D)	29314.43	
	This committee has qualified as a mult	ticandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### WOMEN SPEAK OUT PAC

port Covering the Period: From:	01 2016 To	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
· •		
(i) Itemized (use Schedule A)	277482.43	854282.43
(ii) Unitemized(iii) TOTAL (add	86.51	17855.42
Lines 11(a)(i) and (ii)	277568.94	872137.85
. ,	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	277568.94	872137.85
	0.00	0.00
All Loans Received	0.00	0.00
_oan Repayments Received	0.00	0.00
Refunds of Contributions Made	0.00	10643.73
Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Contributions (other than loans) From:  (a) Individuals/Persons Other     Than Political Committees     (i) Itemized (use Schedule A)	Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees  (i) Itemized (use Schedule A)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)	15:01 1110 1 51100	Jaionaa Tear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	253310.25	384967.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	253310.25	384967.33
2. Transfers to Affiliated/Other Party	250515/25	
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	4 4	
(use Schedule E)	269740.46	456516.55
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
( 33.1323.5 : )	7 7	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	4 4
Than Political Committees	0.00	0.00
(b) Political Party Committees		0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20	0))	
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	4	1 1 1 1 1 1 1 1 1
Entirely With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	5100	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	523050.71	841483.88
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	523050.71	841483.88

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 277568.94 872137.85 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 872137.85 277568.94 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 253310.25 384967.33 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 10643.73 (from Line 15, page 3)..... 38. Net Operating Expenditures 253310.25 374323.60 (subtract Line 37 from Line 36) ......

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	6	OF	39	
	(0	che	ck only	or	ne)					
		X	11a		11b		11c	12		
			13		14		15	16	5	17

Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			
Full Name of Individual (Last, First, Middle Lewarne, Stephen, , ,  Mailing Address 3040 North Quincy Street  City Arlington  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Deloitte  Receipt For: 2016  Primary  General  Other (specify)	State VA	Zip Code 22207-4139 ation (for Individual)	Date of Receipt  09 23 2016  Transaction ID: SA11AI.6585  Amount of Each Receipt this Period  300.00  Memo Item
Full Name of Individual (Last, First, Middle Menner, Michael, , ,  Mailing Address P.O. Box 49  City Penfield  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Diocese of Peoria  Receipt For: 2016	State IL	Zip Code 61862-0049 ation (for Individual)	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary   General  Other (specify) ▼  Full Name of Individual (Last, First, Middle)	4	500.00	]
City Greenwich  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Fortress Investment Group LLC Receipt For: 2016 Primary  General Other (specify)	State CT C	Zip Code 06831-3753 ation (for Individual) and Director	Date of Receipt  M M M / 24 / 2016  Transaction ID: SA11Al.6589  Amount of Each Receipt this Period  5000.00  Memo Item
SUBTOTAL of Receipts This Page (optional).			5800.00
TOTAL This Period (last page this line number	er only)	)	

#### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER	:	PAGE	7	OF	39
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		
Full Name of Individual (Last, First, Middle Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave Ste 750  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary  General  Other (specify)	NW    State	Date of Receipt  O9
Full Name of Individual (Last, First, Middle  Susan B Anthony List, Inc.  Mailing Address 1200 New Hampshire Ave I  Ste 750  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20036  C  Occupation (for Individual)  Aggregate Year-to-Date   241682.43	Date of Receipt  M M M / D D / 2016  Transaction ID : SA11AI.6595  Amount of Each Receipt this Period  91682.43  Memo Item In-kind - shared staff support donated by SBA
Full Name of Individual (Last, First, Middle Suter, George, B., ,  Mailing Address 2580 Greenwood Acres Dr  City Dekalb  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: 2016 Primary  General Other (specify)		Date of Receipt  M M M / D D / 2016  Transaction ID : SA11AI.6572  Amount of Each Receipt this Period  20000.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<u>`</u>	261682.43
TOTAL This Period (last page this line numb	er only)	

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	8	OF	39
	(che	eck only	or	ıe)					
	×	11a		11b		11c	12		
		13		14		15	16		17

	and Statements may not be sold or used by any per- g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		
Full Name of Individual (Last, First, Middle Tarzian, Tom, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 1100 South High Street		09 23 2016
City	State Zip Code IN 47401-6108	Transaction ID : SA11AI.6587
Bloomington	IN 47401-6108	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Sarkes Tarzian Inc.	Chairman of Board of Directors	_
Receipt For: 2016	Aggregate Year-to-Date ▼	
Primary <b>★</b> General  Other (specify) ▼	10000.00	
Full Name of Individual (Last, First, Middle	le Initial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	The state of the s
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General  Other (specify) ▼		
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	January C. Edit Hoodpt tills I Gloud
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)		
SUBTOTAL of Receipts This Page (optional	al)	10000.00
	<u> </u>	277482.43
TOTAL This Period (last page this line num	nber only)	2//482.43

SCHEDULE B (FEC Form 3X)			FOR LIN	NUMBER: PAGE 9 OF 3			
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(check or	·			
		Summary Page	<b>X</b> 21 28		23 28c	26 27 29 30b	
Anni information coming from such Demants and Otate							
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
WOMEN SPEAK OUT PAC							
Full Name (Last, First, Middle Initial)							
A. All Seasons Strategies, LLC				Date of	Disburser		
Mailing Address P.O. Box 3521				09	02		
City	State	Zip Code		FEC Ide	ntification	n Number	
Spokane	WA	99202					
Purpose of Disbursement Salary for Assistant National Director				C			
Candidate Name						ID : SB21B.6620	
			Category/ Type	Amount	of Each I	Disbursement this Period	
Office Sought: House Disburse	ement For:		.,,,,,	$\exists$		7000.00	
Senate	Primary	General			7	7-1-1-4-1-1	
President State: District:	Other (sp	ecify) ▼		Men	no Item		
Full Name (Last, First, Middle Initial)  B. All Seasons Strategies, LLC				Date of	Disburser	ment	
All Seasons Strategies, LLC				Date of	/ D	_	
Mailing Address P.O. Box 3521				09	30		
City	State	Zip Code		FEC Ide	ntification	n Number	
Spokane Purpose of Disbursement	WA	99202					
Salary for Assistant National State Director				C			
Candidate Name			Ontonous			ID: SB21B.6623	
			Category/ Type	Amount	DI Each i	Disbursement this Period	
Office Sought: House Disburse	ement For:	I		<b>1</b>   [ ]	-	7000.00	
Senate	Primary	General				, , , , , , , , , , , , , , , , , , , ,	
President State: District:	Other (sp	ecify)		Men	no Item		
Full Name (Last, First, Middle Initial)							
C. Ashley, Michelle, , ,				Date of	Disburser		
Mailing Address 1200 New Hampshire Ave NW St	e 750			09	20		
City	State	Zip Code		EEC Ido	ntification	n Number	
Washington	DC	20036		J 177	imoalion	Tallibol	
Purpose of Disbursement Expense Reimbursement			· · · ·	C	eaction	ID : SB21B.6619	
Candidate Name			Category/			Disbursement this Period	
Office Sought: House Disburse	ement For:		Type			271.20	
Senate	Primary	General			7		
President	Other (sp			Mon	aa Itam		
State: District:		<u> </u>		livien	no Item		
SUBTOTAL of Disbursements This Page (optional)						14271.20	
GODIOTAL OF DISDUISEMENTS THIS Page (Optional)			······	-		7 7	
TOTAL This Period (last page this line number only	<i>y</i> )				_		

SCHEDULE B (FE	Form 3X)			FOR I	LINE I	E NUMBER: PAGE 10 OF 3			
ITEMIZED DISBURS	EMENTS		parate schedule(s) category of the	(check	,	′			
			Summary Page	×	21b 28a	22 28b	23 28c	26	27 30b
Any information copied from s	uch Panarta and State	monto mov	not be sold or use	od by ony					
or for commercial purposes, of									
NAME OF COMMITTEE (II	n Full)								
WOMEN SPEAK	OUT PAC								
Full Name (Last, First, Mid	dle Initial)								
A. Authorize.net						Date of	f Disburs		/
Mailing Address P.O. Box 9	047					09		)2	2016
City		State	Zip Code			FEC Id	entificatio	n Numbei	,
American Fork		UT	84003-0947			_			
Purpose of Disbursement Bank fees				· · ·		С			
Candidate Name				Catanan	n./			ID: SB2	
				Categor Type	'y/	Amoun	t of Each	Disburse	ment this Period
Office Sought: Hou	ise Disburse	ement For:				١	1 45 1	1 20	77.12
	nate	Primary	General				,	,	
State: District:	sident	Other (spe	ecify) 🔻			Me	mo Item		
Full Name (Last, First, Mid	dle Initial)								
B. Authorize.net	uie iiiitiai)					Date of	f Disburs		
Mailing Address P.O. Box	947					09		02	2016
City		State	Zip Code			FEC Id	entificatio	n Numbei	·
American Fork Purpose of Disbursement		UT	84003-0947						
Credit Card processing fee	S			L		C			
Candidate Name				Categor	y/			ID: SB2 <sup>2</sup> Disburse	<b>1B.6562</b> ment this Period
Office Sought: Hou	ise Disburse	ement For:	ment For:			42.45			
Ser		Primary	General						4
	sident	Other (spe	ecify)			Me	mo Item		
State: District: Full Name (Last, First, Mid	dla Initial)					_			
C. Blevio, Chrissy, , ,	ule illitial)						f Disburs		/ <b>.</b>
Mailing Address 1200 New	Hampshire Ave NW St	e 750				09	/ D	19	2016
City		State	Zip Code			EEC 14	entification	n Numbei	•
Washington		DC	20036				crimicalle	n Nullibel	
Purpose of Disbursement Expense Reimbursement					$\neg$	C	ansaction	ı ID : SB2	1B.6615
Candidate Name				Categor Type	y/				ment this Period
Office Sought: Hou	use Disburse	ement For:		7,5	$\dashv$				138.37
Ser	nate	Primary	General						
	sident	Other (spe	ecify) 🔻			Me	mo Item		
State: District:									
SUBTOTAL of Disbursement	s This Page (optional).				•		1 20		257.94
					_		7	7	
TOTAL This Period (last page	e this line number only	/)						_	

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 11				
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(0110011 0				
		d Summary Page	<b>X</b> 21		23 28c	26 27 29 30b	
Any information conied from such Deposits and Ota							
Any information copied from such Reports and Sta or for commercial purposes, other than using the n							
NAME OF COMMITTEE (In Full)							
WOMEN SPEAK OUT PAC							
Full Name (Last, First, Middle Initial)							
A. Campaign HQ				M = M	Disburse	D / Y Y Y Y Y	
Mailing Address 109 West Front St				09	24	2016	
City	State IN	Zip Code		FEC Id	entification	n Number	
Brooklyn Purpose of Disbursement	IIN	52211					
Telephone expense				C			
Candidate Name			Category/			ID: SB21B.6591	
	Amoun	. OI Eacii	Disbursement this Period				
Office Sought: House Disburs	Office Sought: Disbursement For:						
Senate		<del></del>					
President							
State: District:				_			
Full Name (Last, First, Middle Initial)  B. Chain Bridge Bank				Date of	Disburse	ment	
B. Chain Bridge Bank	Date of	_					
Mailing Address 1445 McLaughlin Ave		09	/ D 1:				
City	State	Zip Code		FEC Id	entification	Number	
McLean	VA	22101				1 1 1 1 1	
Purpose of Disbursement Wire transfer fees				C			
Candidate Name						ID : SB21B.6558	
			Category/ Type	Amoun	of Each	Disbursement this Period	
Office Sought: House Disburs	sement For:	I		┦┃:		120.00	
Senate	Primary	General			7	4-1-1-1	
President	Other (sp	pecify)		Me	mo Item		
State: District:							
Full Name (Last, First, Middle Initial)  C. Chain Bridge Bank				Date of	Disburse	ment	
				M M	/ D		
Mailing Address 1445 McLaughlin Ave				09	16	2016	
City	State	Zip Code		EEC 14	ontification	Numbor	
McLean	VA	22101		FEC IO	entification	i Number	
Purpose of Disbursement Bank fees for gift cards	•						
Candidate Name	Category/			ID: SB21B.6381 Disbursement this Period			
Office Sought: House Disburs	Туре			119.00			
Senate Disputs		7	110.00				
President	Other (sp	General <b>x</b> General <b>x</b> General		П			
State: District: State: State: Memo Item							
<u>'</u>							
SUBTOTAL of Disbursements This Page (optional	)		·····•		-	739.00	
TOTAL This Period (last page this line number or	lv)				_		

SCHEDULE B (FEC Form 3X)	Ī.,		FOR LIN	E NUMBER:		PAGE 12 OF	F 39
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check o				
		Summary Page	<b>X</b> 21		23 28c	26 27 29 30b	
Any information conicd from such Deports and Ctate	monto mou	not be cold or use					
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
WOMEN SPEAK OUT PAC							
Full Name (Last, First, Middle Initial)					D: 1		
A. Design 4 Advertising				M = M	Disburse	D / Y Y Y Y Y	
Mailing Address 106 N Collins St				09	1;	3 2016	
City	State FL	Zip Code 33563		FEC Id	entification	n Number	
Plant City Purpose of Disbursement	ГЬ	33303		C			
Edits to handouts							
Candidate Name	Candidate Name						eriod
	Category/ Type						
Office Sought: House Disburse	ment For:			7 L.		538.00	
Senate		,					
State: President	President Other (specify) ▼						
Full Name (Last, First, Middle Initial)				+			
B. Escalante, Eileen, , ,				Date of	Disburse	ment	
	M = M	/ D	D / Y Y Y Y Y				
Mailing Address 1200 New Hampshire Ave		09	1	9 2016			
City	State	Zip Code		FEC Id	entification	n Number	
Washington Purpose of Disbursement	DC	20036					
Expense Reimbursement						12. 22.12.21	
Candidate Name			Category/			ID: SB21B.6616 Disbursement this Pe	eriod
			Type				-
	ment For:					389.88	
Senate	Primary	General					
President State: District:	Other (spe	ecity)		Me	mo Item		
Full Name (Last, First, Middle Initial)							
C. Evolving Strategies				Date of	Disburse		
Mailing Address 3125 1st Place North				09	08		_
City	State	Zip Code		EEC Id	entification	n Number	
Arlington	VA	22201			J. ILIIIOALIOI		
Purpose of Disbursement Research				C	nsaction	ID : SB21B.6564	
Candidate Name			Category/ Type	Amount	of Each	Disbursement this Pe	eriod
Office Sought: House Disburse				20000.00	,		
Senate	Primary General 7					7	
President	Other (spe	ecify) 🔻		Me	mo Item		
State: District:							
SUBTOTAL of Disbursements This Page (optional).			·····•			20927.88	3
TOTAL This Period (last page this line number only	<i>(</i> )						$\neg$

### 17

SCHEDULE B (FEC Form 3X)	llaa	wata aalaciistis ( )	FOR LII	NE NUN	/BER:			PAGE	13 0	F 39
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check	-	. –	□ 00			¬	
		Summary Page		11b 18a	22 28b	23 28c		26 29	27 30b	
Any information copied from such Reports and Statem	ents may n	nt he sold or use								ions
or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
WOMEN SPEAK OUT PAC										
Full Name (Last, First, Middle Initial)				Date of Disbursement						
A. Fitzgerald, Tami, , ,										
Mailing Address 1200 New Hampshire Ave NW Ste	750			09 19 2016						
,	tate	Zip Code		F	EC Ider	ntification	n Num	ber		
Washington Purpose of Disbursement	DC	20036		— ,	2 '	-	_	-	-	
Expense Reimbursement										
Candidate Name			Category/	_ A		saction of Each	_		. <b>6611</b> nt this P	eriod
	Type									-
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Mailing Address 421 Fayetteville St #1020					09	30	0	<u></u>	2016	
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City	State NC	Zip Code 27601			FEC Id	entificatio	n Number			
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State: President State:	President Other (specify) ▼									
Full Name (Last, First, Middle Initial)										
B. Hollar, Jeremy, , ,					Date of	Disburs	ement			
Fibrial, Jeremy, , ,							D / Y	Y		
Mailing Address 1200 New Hampshire Ave NW Ste 750		09		19	2016					
City	State	Zip Code			FEC Id	entificatio	n Number	•		
Washington Purpose of Disbursement	DC	20036								
Expense Reimbursement					C					
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Full Name (Last, First, Middle Initial)										
C. Hollar, Jeremy, , ,					Date of	Disburs		<b>Y                                    </b>		
Mailing Address 1200 New Hampshire Ave NW Ste 750					09		9	2016		
	State	Zip Code			FEC Id	entificatio	n Number			
Washington Purpose of Disbursement	DC	20036								
Expense Reimbursement					C	insaction	n ID : SB2	1B.6613		
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President	□ Memo Item									
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$ \rangle$	WOMEN SPEAK OUT PAC										
<u></u>	Full Name (Last, First, Middle Initial)										
Α.	Hollar, Jeremy, , ,			Date of Disbursement							
	Mailing Address 1200 New Hampshire Ave NW					М	1		/ Y	2016	
	Ste 750					<i>J</i>		5		2010	_
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	Mountain View	CA	94043		1.00	iueii	ification	ııvul	IIDEI		
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	Candidate Name	Category/					SB21B	8 <b>.6561</b> ent this Pe	eriod		
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	Senate President	Primary Other (spec	General								
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b
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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			
Full Name (Last, First, Middle Initial)			B (B)
A. Love, Julie, , ,	750		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1200 New Hampshire Ave NW Ste	750		09 19 2016
washington	State Zip Code DC 20036		FEC Identification Number
Purpose of Disbursement Expense Reimbursement Candidate Name	[		Transaction ID : SB21B.6617
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursel Senate President	ment For: Primary General Other (specify) ▼		224.43
State: District:	onici (specily) ▼		Memo Item
B. Miller, Desiree, , ,  Mailing Address 1200 New Hampshire Ave, NW Suite 750			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20036		FEC Identification Number
Purpose of Disbursement Expense Reimbursement Candidate Name		Category/ Type	Transaction ID : SB21B.6612 Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)	турс	129.92 Memo Item
State: District:			Mienio item
Full Name (Last, First, Middle Initial)  C. Parker, Mary, , ,			Date of Disbursement
Mailing Address 1200 New Hampshire Ave NW Ste	750		09 19 2016
City Washington Purpose of Disbursement	State Zip Code DC 20036		FEC Identification Number
Expense Reimbursement  Candidate Name	[	Cotons	Transaction ID : SB21B.6609  Amount of Each Disbursement this Period
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			456.02
SUBTOTAL of Disbursements This Page (optional)		······	456.92
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SCHEDULE B (FEC Form 3X)				E NUMBER:		PAGE 17 OF 39			
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(Orlook or		¬ ⊏	<b>□ 00</b> □ 07			
		d Summary Page	211		23 28c	26 27 29 30b			
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M. III. A. L. M. ACCO Manual Institute Assa MIM	01 - 750			M M	/ D D	/			
Mailing Address 1200 New Hampshire Ave NW	Sie 750			09	20	2016			
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Washington	DC	20036			-				
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Fairfax Purpose of Disbursement	VA	22031							
Payroll fees				C	anting ID	: SB21B.6563			
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President	Other (sp			Mom	o Item				
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Full Name (Last, First, Middle Initial)				Doto of [	Disburseme	ont			
C. Susan B Anthony List, Inc.				M M	/ D D	ent			
Mailing Address 1200 New Hampshire Ave NW				09	30	2016			
Ste 750	101.1	7: 0 !							
City Washington	State DC	Zip Code 20036		FEC Ider	tification N	Number			
Purpose of Disbursement				C					
In-kind - shared staff support donated by SBA			saction ID	) : SB21B.6596					
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Office Sought: House Disbu	rsement For:		1,700	1		91682.43			
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City	State AR	Zip Code			FEC Id	entificatio	n Numbe	r
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Salary for State Director, OH								
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Full Name (Last, First, Middle Initial)  C. Williams, Petrina, , ,						Disburs		
Mailing Address 1200 New Hampshire Ave NW Ste	e 750				09		12	2016
City	State	Zip Code			EEC 14	entificatio	n Numbe	r
Washington	DC	20036					INGILIDE	
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\	NAME OF COMMITTEE (IN FUII) WOMEN SPEAK OUT PAC													
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	City  Washington	State DC	Zip Code 20036				FEC I	denti	fication	n Nur	mber			
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#### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

9

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20 OF

**X** 10 NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Existing Loan owed to SBA Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036 Transaction ID: SD10.4157 Outstanding Balance Beginning This Period 10500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 10500.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Loan for FEC Reporting Services Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington 20036 Outstanding Balance Beginning This Period Transaction ID: SD10.4110 5000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailings Expense Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036 Outstanding Balance Beginning This Period Transaction ID: SD10.4318 5204.43 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 5204.43 20704.43 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 21
FOR LINE NUMBER: (check only one)

9 10

39

21 OF

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original transactions put on SBA CC Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 State Zip Code Washington DC 20036 Transaction ID: SD10.6625 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8610.00 8610.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 8610.00 1) SUBTOTALS This Period This Page (optional)..... 29314.43 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 29314.43 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

TEMIZED INDEPENDENT EXPENDITURES				PAGE 22 OF 39 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee American Marketing and Publishing		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 7380 Sprout Springs Road				09 / 01 / 2016
7 333 Spirital Spiritgs Noda			Amo	ount
City	State	Zip Code		1087.50
Flowery Branch	GA	30542	l l	nsaction ID : SE.6331 e of Disbursement or Obligation
Purpose of Expenditure Door Hangers- had originally reported 1357.50		Category/ Type 006	3	M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ght: X House District:04
LOVE, MIA, , ,		Oppose	Presi	dent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7	3377.50	Disburseme	ent For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		☐ Memo	1_	e of Public Distribution/Dissemination
American Marketing and Publishing		□ Memo	item Date	09 01 2016
Mailing Address 7380 Sprout Springs Road			Amo	
City Flowery Branch	State	Zip Code 30542	l l	nsaction ID : SE.6334 e of Disbursement or Obligation
Purpose of Expenditure Door Hangers- had originally reported 1357.50		Category/ Type 006		09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: K House District: 04
OWENS, H DOUGLAS, , ,		<b>X</b> Oppose	Presi	dent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		4465.00	Disburseme 2016	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures				2175.00
(a) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(a) TOTAL Independent Expenditures			· -	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	[ed]	M = M	20 2016
Signature		Date	e 10	20 2016

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee American Marketing and Publishing 09 21 2016 Mailing Address 7380 Sprout Springs Road Amount City Zip Code 4567.50 State 30542 Transaction ID: SE.6429 Flowery Branch GA Date of Disbursement or Obligation Purpose of Expenditure Category/ Door Hangers- Florid, originally reported 4587.50 006 09 2016 Type Name of Federal Candidate: Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , FL Oppose **x** President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 121099.42 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item American Marketing and Publishing 2016 21 09 Mailing Address 7380 Sprout Springs Road Amount 4567.50 City State Zip Code Transaction ID: SE.6431 Flowery Branch GΑ 30542 Date of Disbursement or Obligation Purpose of Expenditure Category/ Door Hangers- Florid, originally reported 4587.50 006 21 2016 09 Type Name of Federal Candidate: Support Office Sought: House District: MURPHY, PATRICK E, , , FL X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 56291.05 2016 Per Election for Office Sought Other (specify) ▶ 9135.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 10 20 2016 Date Signature

PAGE

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OF

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Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 24 OF 39
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	"M" / D "D / Y "Y "Y "Y
Full Name of Payee American Marketing and Publishing		☐ Memo		of Public Distribution/Dissemination
Mailing Address 7380 Sprout Springs Road			Amou	09 22 2016 unt
City	State	Zip Code		4567.50
Flowery Branch	GA	30542	Trans	saction ID : SE.6436
Purpose of Expenditure				of Disbursement or Obligation
Door Hangers- NC		Category/ Type 006		09 22 2016
Name of Federal Candidate:		Support	Office Sough	ht: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	<b>x</b> Presid	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	7357.50	Disbursemer	nt For: Primary   ☐ General  Other (specify)  ☐
Full Name of Payee American Marketing and Publishing		☐ Memo	1_	of Public Distribution/Dissemination
Mailing Address			L	09 22 2016
7380 Sprout Springs Road			Amou	
City	State	Zip Code	ــا ا	4567.50
Flowery Branch	GA	30542		saction ID : SE.6438 of Disbursement or Obligation
Purpose of Expenditure Door Hangers- NC		Category/ Type 006		09 / 22 / Y Y Y Y Y 2016
Name of Federal Candidate:		Support	Office Sough	ht: House District:
ROSS, DEBORAH K, , ,		<b>x</b> Oppose	Presid	NC
Calendar Year-To-Date Per Election for Office Sought	1 1 1 1	80985.85	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	i		· [	9135.00
(a) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically File	led] Date	M M /	20 / 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 39
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
WOMEN OF EARL OOF FAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Campaign Graphics				09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1229 N. Wakonda Street			ıΑ	mount
City	State	Zip Code	— I	441.89
Flagstaff	AZ	86004	I	ransaction ID : SE.6300 ate of Disbursement or Obligation
Purpose of Expenditure Lapel stickers and shirts for canvassers		Category/ Type 006		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District:
CLINTON, HILLARY RODHAM, , ,		X Oppose		esident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 1 7	116531.92	Disburse 2016	ment For:
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Campaign Graphics				09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1229 N. Wakonda Street			Δ,	mount
City	State	Zip Code		441.89
Flagstaff	AZ	86004		ransaction ID : SE.6302 ate of Disbursement or Obligation
Purpose of Expenditure Lapel stickers and shirts for canvassers		Category/ Type 006		M 09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District:
MURPHY, PATRICK E, , ,		<b>x</b> Oppose	Pro	esident Senate State: FL
Calendar Year-To-Date		51723.55	Disburse	ment For: Primary Seneral
Per Election for Office Sought	7 7		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	883.78
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		·
Buchanan, Emily, , ,	Electronically Fil	adl	M = M	/ D D / Y Y Y Y Y
Signature	<u>ысы отсану РИ</u>	eaj Date	10	20 2016

TEMIZED INDEPENDENT EXPENDITURES			PAGE 26 OF FOR LINE 24 OF F	39 ORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUI	
WOMEN SPEAK OUT PAC			C C00530766	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	YYY
Full Name of Payee Campaign Graphics		☐ Memo		ination
Mailing Address 1229 N. Wakonda Street			09 01 2 Amount	2016
City	State	Zip Code	4	41.89
Flagstaff	AZ	86004	Transaction ID : SE.6313	
Purpose of Expenditure Lapel stickers and shirts for canvassers NC		Category/ Type 006		n 2016
Name of Federal Candidate:		Support	Office Sought: House District:	
CLINTON, HILLARY RODHAM, , ,		x Oppose	resident Senate State:	NC_
Calendar Year-To-Date Per Election for Office Sought	7 1 7	97973.19	Disbursement For: ☐ Primary <b>X</b> 2016 ☐ Other (specify) ▶	General
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemi	nation
Campaign Graphics				016
Mailing Address 1229 N. Wakonda Street			Amount	
	Ta			14.00
City Flagstaff	State	Zip Code	Transaction ID : SE.6315	11.89
Purpose of Expenditure	AZ	86004	Date of Disbursement or Obligatio	n
Lapel stickers and shirts for canvassers NC		Category/ Type 006		016
Name of Federal Candidate:		Support	Office Sought: House District:	
ROSS, DEBORAH K, , ,		<b>x</b> Oppose	President Senate State:	NC_
Calendar Year-To-Date Per Election for Office Sought	7 7	76418.35	Disbursement For: ☐ Primary   2016 ☐ Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures			883	3.78
(a) SUBTOTAL of Unitemized Independent Expenditure	'es		<b>•</b>	
(a) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically File	ledl _	M - M / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y	
Signature		_ Date	20 2016	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 27 OF 39
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼  C C00530766
				C C00330766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Campaign Graphics				09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1229 N. Wakonda Street			An	nount
		T 70 0		
City	State	Zip Code 86004	L	441.89 ansaction ID : SE.6326
Flagstaff	AZ	80004		te of Disbursement or Obligation
Purpose of Expenditure lapel pins and shorts for canvassers		Category/ Type 006	5	09 / 01 / 2016
Name of Federal Candidate:		Support	Office So	ught: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	<b>X</b> Pre	esident Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 7	35364.25	Disburser 2016	ment For:  Primary
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Campaign Graphics				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1229 N. Wakonda Street				05 01 2510
			An	nount
City	State	Zip Code		441.89
Flagstaff	AZ	86004		ransaction ID : SE.6328 te of Disbursement or Obligation
Purpose of Expenditure lapel pins and shorts for canvassers OH		Category/ Type 006		M 09 / D1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: House District:
STRICKLAND, TED, , ,		Oppose	Pre	esident State: OH
Calendar Year-To-Date		30174.39	Disburser	ment For: Primary Seneral
Per Election for Office Sought	7 7	30174.39	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				883.78
(a) SUBTOTAL of Unitemized Independent Expenditure	'es		• •	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically File	led1	M = M	/ D D / Y Y Y Y
Signature		_ Date	e 10	20 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 28 OF 39 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date of	f Public Distribution/Dissemination
Campaign Graphics			М	09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1229 N. Wakonda Street			Amour	t
City	State	Zip Code		441.89
Flagstaff	AZ	86004		action ID : SE.6336 f Disbursement or Obligation
Purpose of Expenditure Lapel Pins and shirts for canvassers UT		Category/ Type 006	М	09 01 2016
Name of Federal Candidate:		Support	Office Sough	:: X House District:04
LOVE, MIA, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	<b>7</b>     <b>7</b>	4906.89	Disbursement 2016 Of	For: Primary <b>X</b> General her (specify) ▶
Full Name of Payee		☐ Memo	Item Date of	f Public Distribution/Dissemination
Campaign Graphics			М	09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1229 N. Wakonda Street			Amour	t
City	State	Zip Code	— F.	441.89
Flagstaff	AZ	86004	<b>I</b>	action ID : SE.6338 f Disbursement or Obligation
Purpose of Expenditure Lapel Pins and shirts for canvassers UT		Category/ Type 006	М	09 / 01 / 2016
Name of Federal Candidate:		Support	Office Sough	:: X House District:04
OWENS, H DOUGLAS, , ,		<b>x</b> Oppose	Preside	nt Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		5348.78	Disbursement	
	7		Of	her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b>	883.78
(a) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(a) TOTAL Independent Expenditures			· .	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically File	ed]	M = M /	20 / 2016
Signature		Date	9 10	20 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 29 OF 39
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ M
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Chain Bridge Bank			[	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1445 McLaughlin Ave			Amou	unt
City	State	Zip Code	$-\Gamma$	2500.00
McLean	VA	22101		saction ID : SE.6379 of Disbursement or Obligation
Purpose of Expenditure Gift cards for canvassers expenses- OH		Category/ Type 002		09 16 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		<b>x</b> Oppose	<b>✗</b> Presid	dent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	37864.25	Disburseme 2016	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Chain Bridge Bank			1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1445 McLaughlin Ave			Amou	
			Amo	
City	State	Zip Code		2500.00
McLean	VA	22101		of Disbursement or Obligation
Purpose of Expenditure Gift cards for canvassers - OH		Category/ Type 002		M 09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
STRICKLAND, TED, , ,		<b>x</b> Oppose	<b>X</b> Presid	dent Senate State: OH
Calendar Year-To-Date		40634.25	Disburseme	nt For: Primary Seneral
Per Election for Office Sought	7 7	.000.1120	2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures  (a) SUBTOTAL of Unitemized Independent Expenditu				5000.00
(a) SUBTUTAL OF OTHER INITIAL PRINCE EXPENDING	165		•	7
(a) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Floatronicall. F:1	adl	M = M /	D D / Y T Y T Y T Y
Signature	[Electronically Fil	ed] Date	10	20 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 30 OF 39
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼  C C00530766
				C 300000700
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook, Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			A == 0	
			Amo	
City	State	Zip Code		20.36
Menlo Park	CA	94025		saction ID : SE.6460 of Disbursement or Obligation
Purpose of Expenditure Ads		Category/ Type 004		09 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		× Oppose	<b>✗</b> Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	8477.86	Disburseme	ent For:  Primary
Full Name of Payee		Memo		of Public Distribution/Dissemination
Headway Workforce Solutions				M M / D D / Y Y Y Y
Mailing Address 421 Fayetteville St #1020			L	09 01 2016
421 Fayetteville St #1020			Amo	unt
City	State	Zip Code		46710.60
Raleigh	NC	27601		nsaction ID : SE.6291 of Disbursement or Obligation
Purpose of Expenditure Actual Canvasser Salary 9/1/16-9/31/16 FL, had re estimate	ported	Category/ Type 001		09 / 01 / 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		<b>x</b> Oppose	<b>X</b> Presid	dent Senate State: FL
Calendar Year-To-Date		111518.97	Disburseme	ent For: Primary General
Per Election for Office Sought	1	111010.07	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				46730.96
(a) SUBTOTAL of Unitemized Independent Expenditur	'es		· -	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically File	ledl _	M = M /	D D / Y Y Y Y Y
Signature		Date	e 10	20 2016

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC			
			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repor	t filed on M M / D D / Y Y Y Y
Full Name of Payee Headway Workforce Solutions		☐ Memo I	tem Date of Public Distribution/Dissemination
Mailing Address 424 Favortovillo St #1020			09 01 2016
421 Fayetteville St #1020			Amount
City	State	Zip Code	46710.60
Raleigh	NC	27601	Transaction ID : SE.6293  Date of Disbursement or Obligation
Purpose of Expenditure Actual payroll for canvassers 9/1/16-9/31/16 FL, had estimate	d reported	Category/ Type 001	09 / 01 / 2016
Name of Federal Candidate:		Support	Office Sought: House District:
MURPHY, PATRICK E, , ,		X Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7	46710.60	Disbursement For: ☐ Primary
Full Name of Payee Headway Workforce Solutions		☐ Memo I	tem Date of Public Distribution/Dissemination
•			09 / D D / Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amount
City	State	Zip Code	4571.06
Raleigh	NC	27601	Transaction ID : SE.6296  Date of Disbursement or Obligation
Purpose of Expenditure Actual mileage for canvassers 9/1/16-9/31/16 FL, hestimate	nad reported	Category/ Type 001	09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
CLINTON, HILLARY RODHAM, , ,		X Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 7	116090.03	Disbursement For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures			51281.66
(a) SUBTOTAL of Unitemized Independent Expenditure	'es		<b>&gt;</b>
(a) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Buchanan, Emily, , ,	[Electronically Fi	iled]	10 20 2016
Signature	·	Date	10 20 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 32 OF 39 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M
Full Name of Payee		Memo	Itom Date	of Public Distribution/Dissemination
Headway Workforce Solutions		INIEITIO	itom _	09 01 2016
Mailing Address 421 Fayetteville St #1020			Amou	ınt
City	State	Zip Code	— I [ '	4571.06
Raleigh	NC	27601		saction ID : SE.6298 of Disbursement or Obligation
Purpose of Expenditure Actual mileage for canvassers 9/1/16-9/31/16, had restimate	reported	Category/ Type 001		09 / 01 / 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
MURPHY, PATRICK E, , ,		<b>X</b> Oppose	Presid	lent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 1 7	51281.66	Disbursemen 2016	nt For: Primary   General  Other (specify) ►
Full Name of Payee		Memo		of Public Distribution/Dissemination
Headway Workforce Solutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amou	ınt
0.11	10	7: 0 1		20745 62
City Raleigh	State	Zip Code 27601	<b>I</b>	39745.63 saction ID : SE.6305
Purpose of Expenditure Actual payroll for canvassers 9/1/16-9/31/16 NC, hestimate	ad reported	Category/ Type 001	— I r	of Disbursement or Obligation
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		<b>X</b> Oppose	<b>✗</b> Presid	lent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		90189.38	Disbursement 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures			· -	44316.69
(a) SUBTOTAL of Unitemized Independent Expenditu	res		· -	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led]	M = M /	20 2016
Signature		Date	10	20 2016

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee Headway Workforce Solutions 09 01 2016 Mailing Address 421 Fayetteville St #1020 Amount State 39745.63 City Zip Code NC 27601 Transaction ID: SE.6307 Raleigh Date of Disbursement or Obligation Purpose of Expenditure Category/ Actual payroll for canvassers 9/1/16-9/31/16, had reported 001 09 2016 Type estimate Name of Federal Candidate: Support Office Sought: House District: ROSS, DEBORAH K, , , NC Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 68634.54 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item **Headway Workforce Solutions** 2016 01 09 Mailing Address 421 Fayetteville St #1020 Amount 7341.92 City State Zip Code Transaction ID: SE.6309 Raleigh NC 27601 Date of Disbursement or Obligation Purpose of Expenditure Category/ Actual Mileage for canvassers 9/1/16-9/31/16 NC, had reported 002 2016 09 01 Type estimate Name of Federal Candidate: Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , NC X Oppose **X** President Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 97531.30 2016 Per Election for Office Sought Other (specify) ▶ 47087.55 (a) SUBTOTAL of Itemized Independent Expenditures ..... (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 10 20 2016 Date Signature

PAGE

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OF

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TEMIZED INDEFENDENT EXPENDITORES				PAGE 34 OF 39
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Headway Workforce Solutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Am	ount
City	State	Zip Code	— Г	7341.92
Raleigh	NC	27601		insaction ID : SE.6311 e of Disbursement or Obligation
Purpose of Expenditure Actual Mileage for canvassers 9/1/16-9/31/16 NC, h estimate	ad reported	Category/ Type 002		09 01 2016
Name of Federal Candidate:		Support	Office Sou	ıght: House District:
ROSS, DEBORAH K, , ,		<b>x</b> Oppose	l	sident X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	75976.46	Disbursem 2016	nent For: ☐ Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Headway Workforce Solutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Am	ount
	Ta	T-10-1		45047.50
City	State	Zip Code	Ter	15917.50 ansaction ID : SE.6318
Raleigh	NC	27601		e of Disbursement or Obligation
Purpose of Expenditure Actual payroll for canvassers 9/1-9/31/16 OH, had estimate	reported	Category/ Type 001		09 / 01 / 2016
Name of Federal Candidate:		Support	Office Sou	ught: House District:
CLINTON, HILLARY RODHAM, , ,		<b>x</b> Oppose	X Pres	sident Senate State: OH
Calendar Year-To-Date		33144.08	Disbursem	nent For: Primary 🗶 General
Per Election for Office Sought	T-1-T-		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				23259.42
(a) SUBTOTAL of Unitemized Independent Expenditu	'es		• •	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
Buchanan, Emily, , ,	[Electronically Fil	[ed]	M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	e 10	20 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 35 OF 39
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼  C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date of	f Public Distribution/Dissemination
Headway Workforce Solutions				09
Mailing Address 421 Fayetteville St #1020				
			Amoun	t
City	State	Zip Code		15917.50
Raleigh	NC	27601		action ID : SE.6320 f Disbursement or Obligation
Purpose of Expenditure Actual payroll for canvassers 9/1-9/31/16 OH, had restimate	eported	Category/ Type 001	М	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought	t: House District:
STRICKLAND, TED, , ,		× Oppose	Preside	
Calendar Year-To-Date		27054.00	Disbursement	For: Primary General
Per Election for Office Sought	<u></u>	27954.22	2016 Ot	ther (specify)
Full Name of Payee		☐ Memo	Item Date of	f Public Distribution/Dissemination
Headway Workforce Solutions			M	09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020				09 01 20.0
			Amoun	t
City	State	Zip Code		1778.28
Raleigh	NC	27601		action ID : SE.6322 f Disbursement or Obligation
Purpose of Expenditure Actual mileage for canvassers 9/1-9/31/16 OH, had estimate	d reported	Category/ Type 002	М	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought	: House District:
CLINTON, HILLARY RODHAM, , ,		<b>x</b> Oppose	X Preside	nt Senate State: OH
Calendar Year-To-Date		34922.36	Disbursement	For: Primary General
Per Election for Office Sought	7	34322.30	2016 Ot	ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	······		· ·	17695.78
(a) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(a) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led]	M = M /	20 / 7 7 7 7 7
Signature		Date	e 10	20 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 36 OF 39
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼  C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Headway Workforce Solutions				09 01 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amo	Numb
			Amo	
City	State	Zip Code		1778.28
Raleigh	NC	27601		nsaction ID : SE.6324 e of Disbursement or Obligation
Purpose of Expenditure Actual mileage for canvassers 9/1-9/31/16 OH, had estimate	reported	Category/ Type 002	2	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
STRICKLAND, TED, , ,		x Oppose	Presi	ident Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 7	29732.50	Disburseme 2016	ent For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Hilton Garden Inn				09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3232 Olentangy Riover Rd				09 23 2010
3232 Clothangy Novel Na			Amo	punt
City	State	Zip Code		1100.00
Columbus	ОН	43202		nsaction ID : SE.6441 e of Disbursement or Obligation
Purpose of Expenditure Travel expenses		Category/ 002		M M / D D / Y Y Y Y
Traver expenses		Type 002		09 23 2016
Name of Federal Candidate:		Support	Office Sou	<u> </u>
CLINTON, HILLARY RODHAM, , ,		<b>x</b> Oppose	<b>X</b> Presi	ident Senate State: OH
Calendar Year-To-Date		41734.25	Disburseme	ent For: Primary General
Per Election for Office Sought	7 7		2010	Other (specify)
			_	
(a) SUBTOTAL of Itemized Independent Expenditures	;		· •	2878.28
(a) SUBTOTAL of Unitemized Independent Expenditu	ras		. [	
(a) GOD TO TALL OF OTHER MIZE OF THE PROPERTY EXPONENTIAL	103			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led1 _	M = M	/ D D / Y Y Y Y
Signature	[Electronically 1 to	Date	e 10	20 2016

TEMIZED INDEPENDENT EXPENDITURES	İ			PAGE 37 OF 39
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ M M / D D / Y Y Y Y Y
Full Name of Payee Hilton Garden Inn		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 3232 Olentangy Riover Rd			Amou	09 23 2016
		1 = 0	Amot	
City Columbus	State OH	Zip Code 43202	I	1100.00 saction ID : SE.6446
Purpose of Expenditure Travel Expenses		Category/ Type 002		of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
STRICKLAND, TED, , ,		<b>x</b> Oppose	Presid	dent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7	33524.39	Disburseme 2016	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Hilton Garden Inn			[	09 / 23 / 2016
Mailing Address 3232 Olentangy Riover Rd			Amou	unt
City	State	Zip Code	— I [	1100.00
Columbus	ОН	43202	I	saction ID : SE.6449 of Disbursement or Obligation
Purpose of Expenditure Travel Expenses		Category/ Type 002	] [	M 09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		<b>x</b> Oppose	<b>X</b> Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	8457.50	Disburseme 2016	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	3		· [	2200.00
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	[ed] Date	M M /	20 / 2016
Signature	<u> </u>		, 10	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 38 OF 39
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Hyatt Place				09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6161 Park Center Circle			A	mount
City	State	Zip Code	<del></del>	2250.00
Dublin	ОН	43017		ransaction ID : SE.6389 ate of Disbursement or Obligation
Purpose of Expenditure Hotel expense		Category/ Type 002		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	ought: House District:
CLINTON, HILLARY RODHAM, , ,		X Oppose		esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	2790.00	Disburse 2016	ement For: Primary   General  Other (specify)
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Hyatt Place				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6161 Park Center Circle				
			A	mount
City	State	Zip Code		2250.00
Dublin	OH	43017		Transaction ID : SE.6392 ate of Disbursement or Obligation
Purpose of Expenditure Hotel expense		Category/ Type 002		M 09 / D D / Y Y Y Y Y 16 2016
Name of Federal Candidate:		Support	Office S	ought: House District:
STRICKLAND, TED, , ,		<b>x</b> Oppose	Pr	esident Senate State: OH
Calendar Year-To-Date		32424.39		ement For: Primary General
Per Election for Office Sought	7 7	02 12 1100	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·			4500.00
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		
Buchanan, Emily, , ,	[Electronically Fil	ed1	М - М	/ D D / Y Y Y Y Y
Signature	Lectionically I'll	_ Date	10	20 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 39 OF 39
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
				C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report				
Full Name of Payee			Item Date	te of Public Distribution/Dissemination
Thrifty Car Rental				09 / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 1534 Sunset Blvd			Am	ount
City	State	Zip Code	$ \Gamma$	540.00
Steubenville	ОН	43952		ansaction ID : SE.6376 te of Disbursement or Obligation
Purpose of Expenditure Van rental		Category/ Type 002		M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soi	ught: House District:
CLINTON, HILLARY RODHAM, , ,		X Oppose	X Pre	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 4	540.00	Disbursen 2016	nent For:  Primary
Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination
Thrifty Car Rental				M M / D D / Y Y Y Y
Mailing Address 1534 Sunset Blvd				
1334 Sunset Divu			Am	ount
City	State	Zip Code	ΗГ	270.00
Steubenville	ОН	43952		ansaction ID : SE.6384 te of Disbursement or Obligation
Purpose of Expenditure  Van Rental- OH				09 / 16 / 2016
Name of Federal Candidate:	Support	Office Sor	Office Sought: House District:	
STRICKLAND, TED, , ,	<b>x</b> Oppose	X Pres	sident Senate State: OH	
Calendar Year-To-Date		38134.25	Disbursen 2016	nent For: Primary Seneral
Per Election for Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				
(a) SUBTOTAL of Unitemized Independent Expenditures				
(a) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Buchanan, Emily, , ,	Electronically Fil	adl	M = M	/ D D / Y D Y D Y
Signature	<u>ысы описану Р И</u>	eaj Date	9 10	20 2016